

**PROBATE COURT OF CLERMONT COUNTY, OHIO
JAMES A. SHRIVER, JUDGE**

GUARDIANSHIP OF _____

CASE NO. _____

**COURT INVESTIGATOR'S REPORT ON PROPOSED
GUARDIANSHIP**

[R.C. 2111.041]

GENERAL INFORMATION

[To be compiled by Probate Court Investigator]

Individual's age _____ Relationship to applicant _____

Individual's residence _____

Grounds for application (R.C. 2111.01 (D)):

- ☐ mentally impaired as a result of a mental illness or disability.
- ☐ mentally impaired as a result of a physical illness or disability.
- ☐ mentally impaired as a result of mental retardation.
- ☐ mentally impaired as a result of chronic substance abuse.
- ☐ any person confined to a correctional institution within this state.

so that

- ☐ the individual is incapable of taking proper care of the individual's self.
- ☐ the individual is incapable of taking proper care of the individual's property.
- ☐ the individual fails to provide for the individual's family or other individual for whom the person is charged by law to provide.

Documentation submitted and date of evaluation _____

Referral Source: _____

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INVESTIGATOR'S REPORT

I. Service of Notice

- ☐ Made at Individual's home
☐ Made in Hospital, Nursing Facility, or Community-Based Care Facility:

Name of Facility _____

Address of Facility _____

Administrator or representative served _____

☐ Other _____

Date of Service of Notice: _____

Other present during the contact (if yes, list name and relationship) _____

A. Individual's understanding of the concept of guardianship:

☐ Good ☐ Fair ☐ Poor ☐ Unable to determine.

Explain: _____

B. Individual's attitude to the concept of guardianship:

☐ Consenting ☐ Opposed ☐ Unable to Determine.

Explain: _____

C. Specific requests of the individual concerning enumerated rights: _____

II. Mental and Physical Conditions of Individual

A. Individual's reported mental and physical diagnosis: _____

Individual's reported medications: _____

Reported by whom: _____

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B. Mental Status Observations: During interview were impairments noted in the Individual's

	Yes	No	Unable to Determine
1. Orientation (Person, Place and Time)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Speech	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Thought Process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Affect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Memory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Concentration & Comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain further if necessary: _____

C. Describe the Physical Condition of Individual

1. Isolation _____
2. Eating Habits _____
3. Significant Weight Loss or Gain _____
4. Sleep Habits _____
5. Motor Behavior _____

Explain further if necessary: _____

D. Describe the Environmental or Living Condition of the Individual:

1. Housing & Sanitation _____
2. Risk of Accidents _____
3. Physical Barriers _____
4. Resource Availability _____

Explain further if necessary: _____

III. Functional Capacities

Activities and Instrumental Activities of Daily Living

	Capable	Incapable	Unable to Determine
1. Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Transfer from bed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Toileting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Bathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	Capable	Incapable	Unable to Determine
6. Handling personal finances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Driving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Meal Preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Doing housework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Using telephone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Taking medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain further if necessary:

IV. Additional Items Affecting Guardianship Plan Development

A. Are there any indications or allegations of substance abuse by the individual or significant other that could impact the guardianship issue? Yes ☐ No ☐ Explain and recommend actions needed:

B. Are there any special characteristics of the individual (including aggressive, violent, or sexual behaviors, or other vulnerabilities) that pose a risk to self or others, which should be considered as guardianship decisions on living arrangements and supervision are made?

Yes ☐ No ☐

Explain the characteristics and recommend actions needed: _____

C. Are there any allegations or indications of abuse, neglect, or exploitation of the individual?

Yes ☐ No ☐

Explain and recommend needed actions: _____

D. Is there a need for additional medical, psychiatric or psychological testing? Yes ☐ No ☐

If yes, give specific recommendations: _____

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E. Are there inconsistencies between the Expert Evaluation and the Court Investigator's findings that need further review by the Court? Yes ☐ No ☐ If yes, identify the inconsistencies and make a recommendation(s) to the Court: _____

F. Are there unresolved issues/conflicts/differences among the parties? Yes ☐ No ☐
If yes, would medication be of assistance? Yes ☐ No ☐
Explain: _____

G. Is there a power of attorney for financial affairs? Yes ☐ No ☐ Unknown ☐ If yes, where is it located? _____

Who is the attorney-in-fact? _____

H. Is there a last will and testament? Yes ☐ No ☐ Unknown ☐
If yes, where is it located? _____

I. Is there a durable power of attorney for health care/living will? Yes ☐ No ☐ Unknown ☐
If yes, where is it located? _____

Give name and address of attorney-in-fact: _____

J. Is there an advance directive for mental health care? Yes ☐ No ☐ Unknown ☐ If yes, where is it located? _____

Give name and address of attorney-in-fact: _____

K. Is the individual a veteran? Yes ☐ No ☐

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V. RECOMMENDATIONS: Given the above information and Expert Evaluation(s):

A. IS A GUARDIANSHIP NECESSARY?

☐ Yes

☐ Person Only

☐ Estate Only

☐ Person and Estate

☐ Limited

List Duties _____

☐ No Explain and recommend a less restrictive alternative: _____

Are any of the mental, physical, or environmental conditions reversible?

Yes ☐ No ☐ Unknown ☐

If yes, explain and recommend a date for the Court to review the guardianship _____

B. NECESSITY FOR THE APPOINTMENT OF:

Attorney ☐ Independent Expert Evaluator ☐

Are there special urgency needs? Explain: _____

Remarks:

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I certify that I have served notice to the alleged incompetent as required by statute and I have communicated to the individual in a language and method best understandable by the individual the individual's right to be present at the hearing, the right to contest any application for the appointment of a guardian for his or her person, estate, or both, and the right to be represented by counsel.

Date

Investigator